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Affidavit and Revenue Certification

EGAN DRAINAGE DISTRICT #1 ENTITY NAME  
Acadia Parish  
EGAN, LA (City), State

ANNUAL SWORN FINANCIAL STATEMENTS AND  
CERTIFICATION OF REVENUES \$50,000 OR LESS (if applicable)

The annual sworn financial statements are required by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(I)(1)(c)(i).

\*\*\*\*\*

Personally came and appeared before the undersigned authority, Kenneth M. Webb (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of EGAN DRAINAGE DISTRICT #1 (entity name) as of DECEMBER 31, 2014 (entity's year-end), and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

(Complete if applicable)

In addition, Kenneth M. Webb (officer name), who, duly sworn, deposes and says that EGAN DRAINAGE DISTRICT #1 (entity name) received \$50,000 or less in revenues and other sources for the year ended DECEMBER 31, 2014, and accordingly, is not required to have an audit for the previously mentioned year.

Kenneth M. Webb  
Officer Signature

Sworn to and subscribed before me this 9th day of MARCH, 2015.

[Signature]  
NOTARY PUBLIC #020454

\*\*\*\*\*

Officer's Name Kenneth M. Webb  
Officer's Title TREASURER  
Address PO Box 134  
EGAN, LA. 70531  
Phone/Fax/E-mail \_\_\_\_\_

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date MAR 18 2015

Please return the completed form within 90 days of your entity's year-end to Office of Legislative Auditor –  
Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

EGAN DRAINAGE DISTRICT #1 (Agency Name)

**Statement of Cash Receipts and Disbursements**  
**For the Year Ended DECEMBER 31, 2014 (Year-End)**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>RECEIPTS (Provide Brief Description)</b>			
1 <u>AD VALORUM TAX</u>	<u>\$ 36,119 23</u>	<u>\$</u>	<u>\$</u>
2 <u>STATE REVENUE SHARING</u>	<u>2,481.00</u>		
3 <u>INTEREST</u>	<u>978 30</u>		
4			
5			
6 <b>Total receipts</b> (add lines 1 - 5)	<u><u>\$ 39,578 53</u></u>	<u><u>\$</u></u>	<u><u>\$</u></u>
<b>DISBURSEMENTS (Provide Brief Description)</b>			
7 <u>PER DIEM TO COMMISSIONERS</u>	<u>\$ 8,034 16</u>	<u>\$</u>	<u>\$</u>
8 <u>PAYROLL TAXES</u>	<u>1,583 55</u>		
9 <u>OPERATING SERVICES</u>	<u>16,339 36</u>		
10			
11			
12			
13 <b>Total Disbursements</b> (add lines 7 - 12)	<u><u>\$ 25,957 07</u></u>	<u><u>\$</u></u>	<u><u>\$</u></u>
14 <b>Change in fund balance</b> (Lines 6 minus 13)	<u>\$ 13,621 46</u>	<u>\$</u>	<u>\$</u>
15 <b>Fund Balance at beginning of year</b>	<u>\$243,226 80</u>	<u>\$</u>	<u>\$</u>
16 <b>Fund balance (deficit) at end of year</b> (Add lines 14-15) --This amount also goes on line 12, Statement B	<u><u>\$ 256,848 26</u></u>	<u><u>\$</u></u>	<u><u>\$</u></u>

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

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## Statement B

EGAN DRAINAGE DISTRICT #1 (Agency  
Name)

Balance Sheet, on DECEMBER 31, 2014 (Year-End)

	General Fund	Other Fund	Total
<b>ASSETS (balances at year-end) -Give brief description</b>			
1 Cash and cash equivalents on hand	\$ 256,848 26	\$	\$
2 Investments (fair value) on hand			
3 Office furnishings (Cost of desks, etc)			
4 Equipment (Cost of fax machine, etc)			
5 Other (brief description)			
6 <b>Total Assets</b> (add lines 1 - 5)	\$ 256,848 26	\$	\$
<b>LIABILITIES AND FUND BALANCE (at year-end)</b>			
7 Liabilities (give brief description)			
8	\$ -0-	\$	\$
9			
10			
11 <b>Total Liabilities</b> (add lines 7 - 10)			
12 Fund balance (amount from Line 16 on Statement A)			
13 Other			
14 <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	\$ 256,848 26	\$	\$

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Statement C

**Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer**

Agency Head Name: CALVIN SENSAT, PRESIDENT

Purpose	Amount
Salary	<del>\$</del> 0
Benefits-insurance	<del>\$</del> 0
Benefits-retirement	<del>\$</del> 0
Benefits-other (describe)	<del>\$</del> 0
Benefits-other (describe)	<del>\$</del> 0
Benefits-other (describe)	<del>\$</del> 0
Car allowance	<del>\$</del> 0
Vehicle provided by government (enter amount reported on W-2)	<del>\$</del> 0
Per diem	<del>\$</del> 3,900
Reimbursements	<del>\$</del> 0
Travel	<del>\$</del> 0
Registration fees	<del>\$</del> 0
Conference travel	<del>\$</del> 0
Housing	<del>\$</del> 0
Unvouchered expenses (example: travel advances, etc.)	<del>\$</del> 0
Special meals	<del>\$</del> 0
Other	<del>\$</del> 0